

Head injury

Children often fall and bang or bump their heads. It may be difficult to tell whether a head injury is serious or not.

If your child has any of the following, they should see a doctor:

- passes out or has a seizure (fit)
- seems drowsy, confused or clumsy
- has a large lump or bruise
- sustained a hard knock to their head that you are concerned about.

A child who has had a head injury:

- Requires observation – for 48 hours after the head injury.
- Should not do anything where they are likely to suffer a second head injury for at least 48 hours e.g. ride a bike, climb play equipment, play sport.
- May gradually resume normal activity (excluding sports) as directed, usually within 2 - 3 days.

Pain relief

If your child has pain, give paracetamol or ibuprofen and follow the packet instructions.

When to seek help

Bring your child back to hospital if they develop any of the above in the weeks following a head injury:

- become unconscious (call an ambulance, dial 000)
- become confused or irritable or develop slurred speech
- unable to open their eyes, speak or follow commands
- has a convulsion (fit, turn or spasm of the face or limbs)
- complains of a persistent headache or develops a stiff neck
- complains of blurred vision, seeing double or has other problems seeing normally seems more clumsy than usual
- vomit frequently
- bleed from the ear
- has a watery discharge from the ears or nose.

Follow-up

Mild head injuries do NOT usually require a follow-up appointment.

However, problems resulting from a minor head injury can be difficult to detect. In the weeks after a head injury your child may display:



- irritability
- mood swings
- tiredness
- concentration problems
- behavioural problems.

If any of these occur or you have other concerns, take your child to their local doctor or nearest emergency department.

It is a good idea to notify your child’s day care/school regarding the head injury, so they can help your child recover (and look out for any issues)

Concussion symptoms

Concussion means there has been some (usually temporary) injury to the brain. The brain usually fully recovers, but it may take days to weeks (or sometimes longer).

Symptoms include headache, dizziness, nausea, poor concentration, and tiredness.

Current evidence supports a gradual return to normal activity following a moderate head injury, with a stepwise return to play. Children who return to school or sport too early are at risk of sustaining complications from their head injury.

Your child should have a period of physical and mental rest (“brain rest”). They should not play sport and should also avoid activities that require mental concentration (including computer use, television, texting and gaming) for 48 hours.

Once your child has been symptom free for 48 hours and feels back to normal, they can commence a gradual return to activities as shown below. Each stage should last 24 - 48 hours and if they remain symptom free, they can move up to the next stage.

Returning to school and cognitive activities

Stage	Activity	Aim of stage
Stage 1: No activity	Complete mental rest	Recovery
Stage 2: Minor cognitive (thinking) activity at home	Short periods (5-15 minutes) of mental activity (homework)	Gradual, closely monitored increase activities (without symptoms – detailed above)



Government of **Western Australia**
Child and Adolescent Health Service

Child and Adolescent Health Service
15 Hospital Avenue, Nedlands, WA, 6009.
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Stage 3: Moderate cognitive activity at home	Longer periods (20-30mins) of mental activity (homework)	Increase cognitive stamina, self-paced activity
Stage 4: Partial school entry	Part day of school attendance, plus 1-2 hours of homework	Re-entry into school with accommodation to maintain cognitive load without any symptoms
Stage 5: Gradual reintegration to school	Gradual increase to full day of school attendance	Increase cognitive stamina
Stage 6: Full mental workload resumed	Catch up on missed work, testing and assessments	Full return to school

Returning to sport

Stage	Activity	Aim of stage
Stage 1: No activity For first 48 hours after injury	Complete physical and mental rest	Recovery
Stage 2: Light exercise	Walking, swimming, stationary cycling	Gentle increase in activity
Stage 3: Sport-specific exercise	Running drills at football codes, cricket, basketball, netball, hockey	Adds movement
Stage 4: Non-contact training drills	Passing drills at football codes, cricket, basketball, netball, hockey	Adds co-ordination and exercise
Stage 5: Full contact practice	Participate in normal training activities	Restores confidence and allows coaching staff to assess progress
Stage 6: Return to play	Normal game play	

If your child develops any symptoms (headache, dizziness, nausea or tiredness), they should move back one stage and try again after a further 24 – 48 hour period or rest. If you are uncertain about full return to play, your doctor can advise you further.

If your child has persistent headaches, dizziness, nausea or vomiting, or if you have any concerns, take your child to the doctor or emergency department.

Carers for children with significant head injury, can get further information from this website: https://concussioninsport.gov.au/parents_and_teachers

In particular, the **Return to Sport** protocol for children, which has a more prolonged period before return to sport.



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